



## PART B - FEE(S) TRANSMITTAL

f2/c

Complete and send this form, together with applicable fee(s), to: **Mail** Box ISSUE FEE  
Commissioner for Patents  
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23552 7590 11/25/2002  
**MERCHANT & GOULD PC**  
P.O. BOX 2903  
MINNEAPOLIS, MN 55402-0903

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.

<i>Kristine B. Wacker</i>	(Depositor's name)
<i>Kristine B. Wacker</i>	(Signature)
February 24, 2003	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/667,199	09/21/2000	James Say	12008.15USC1	1566

**TITLE OF INVENTION:** ANALYTE MONITORING DEVICE AND METHODS OF USE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$4280 \$1300	\$0	\$4280 \$1300	02/25/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
NATNITHITHADHA, NAVIN	3736	600-345000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Merchant & Gould P.C.

2 \_\_\_\_\_  
3 \_\_\_\_\_

**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT** (print or type)

**PLEASE NOTE:** Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

TheraSense, Inc.

Alameda, California

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee

☐ Publication Fee

☒ Advance Order - # of Copies 11

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(Date)

*TheraSense, Inc.* Feb 24 2003  
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03/06/2003 NREBREH2 00000075 09667199 /

01 FC:1501  
02 FC:8001

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TRANSMIT THIS FORM WITH FEE(S)



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: SAY ET AL.

Examiner: N. NATNITHITHADHA

Serial No.: 09/667,199

Group Art Unit: 3736

Filed: SEPTEMBER 21, 2000

Docket: 12008.15USC1

Confirmation No.: 1566

Notice of Allow. Date: NOVEMBER 25, 2002

Due Date: FEBRUARY 25, 2003

Title: ANALYTE MONITORING DEVICE AND METHODS OF USE

**CERTIFICATE UNDER 37 CFR 1.8:**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, with sufficient postage, in an envelope addressed to: Box ISSUE FEE, Commissioner for Patents, Washington, D.C. 20231 on February 24, 2003.

By:

Name:

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Sir:

We are transmitting herewith the attached:

- ☒ Transmittal Sheet in duplicate containing Certificate of Mailing
- ☒ Issue Fee Transmittal Part B (PTOL - 85)
- ☒ Check(s) in the amount of \$1300.00 and \$33.00 for Issue Fee and 11 Patent Copies
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Please consider this a PETITION FOR EXTENSION OF TIME for a sufficient number of months to enter these papers or any future reply, if appropriate. Please charge any additional fees or credit overpayment to Deposit Account No. 13-2725. A duplicate of this sheet is enclosed.

MERCHANT & GOULD P.C.  
P.O. Box 2903, Minneapolis, MN 55402-0903  
612.332.5300

By:

Name: Mara E. Liepa

Reg. No.: 40,066

MLiepa:PSTpmc

